

**UTAH DIVISION OF RADIATION CONTROL
MAMMOGRAPHY IMAGING MEDICAL PHYSICIST
CERTIFICATION APPLICATION FORM**

The initial and annual evaluation of mammography x-ray equipment in the state of Utah must be performed by a mammography imaging medical physicist approved by the Radiation Control Board (Board). An individual seeking certification by the Board for approval as a mammography imaging medical physicist shall submit this completed application form and the requested support documentation.

Name: _____ Phone: () _____

Address: _____ FAX: () _____

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Part 1: Education and Professional Certification

List all advanced degrees earned.

<u>Field</u>	<u>Degree</u>	<u>Institution</u>	<u>Date Earned</u>
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List all professional certifications earned.

<u>Professional Designation</u>	<u>Certifying Body</u>	<u>Date Earned</u>
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Part 2: Continuing Education

List all continuing educational units (CEU) earned in areas specific to mammography during the last **three** years.

<u>Course Description</u>	<u>Sponsoring Body</u>	<u>Date Attended</u>	<u>Number CEU</u>
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Part 3: Mammography Survey Experience

Complete the following form summarizing mammography survey experience for the past **three** years. Indicate whether the activity was performed by a “Y” for yes or “N” for no.
Use additional copies of this page if needed.

<u>Facility</u>	<u>Survey Date</u>	<u>Number Mammo Units Evaluated*</u>	<u>Evaluated Dose to Breast (Y N)</u>	<u>Evaluated Focal Spot and/or Resolution (Y N)</u>	<u>Evaluated Phantom Image Quality (Y N)</u>	<u>Evaluated Processor QC (Y N)</u>

*List the different mammography x-ray units evaluated by:
Manufacturer Model

Part 4: Mammography Test Equipment

Provide the following information for test equipment used to perform mammography surveys.

<u>Equipment Type</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Calibration Frequency</u>
Mammography Phantom			XXX
Focal Spot Test Tool			XXX
Resolution Test Tool			XXX
kVp Meter			
Densitometer			
Timer Test Tool			
Radiation Dose Meter			
Radiation Detector			

Part 5: Additional Support Documentation

The following items are to be submitted as an integral part of the application:

1. Copies of recent survey reports that have been provided to two mammography facilities. The reports must include the evaluation of the mammography x-ray system, the evaluation of the facility mammography quality control program, and the accompanying signed survey report cover letter.
2. An actual mammography phantom image film* and the accompanying image quality evaluation statement.
3. An example of the actual calculations used to determine the average glandular dose for a "standard breast" examination.
4. An example of the actual methodology used to determine either the measured focal spot or the resolution (lp/mm) in a plane 4.5 cm. above the breast platform. Any films* used in the evaluation are to be included as a part of the application.

*All films will be returned to the applicant upon request.

I hereby attest that the submitted application and support documents are to the best of my ability and knowledge true and accurate.

Signature

Date

Return the completed application and support documents to:

Utah Radiation Control Board
Dane L. Finerfrock, Executive Secretary
P.O. Box 144850
Salt Lake City, Utah 84114-4850